

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☒ Stage Stores, Inc., a Delaware corporation
☒ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Kenrich International Shoe Kicks

Name and address where notices should be sent:

***** AUTO**5-DIGIT 10018

Kenrich International Shoe Kicks

1350 Broadway

New York NY 10018-7702-10001

|||||

Case Number

00-35078-H2-11

00-35079-H2-11

00-35080-H2-11

Creditor ID#: 788-34048

Account or other number by which creditor identifies debtor:

Check here ☐ replaces
if this claim ☐ amends

a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred: 9/28/98, 3/16/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 15,090.09

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

7/16/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Eddie Adgmi - President


This Space Is for Court Use Only

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-34049
Name of Creditor (The person or other entity to whom the debtor owes money or property): Kenrich International		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**5-DIGIT 10018 Kenrich International 1250 Broadway Rm 201 10 West 38th Street New York NY 10018-7709 10001 		<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 9/28/98, 3/16/00		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 15,090.09 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

K E N R I C H

June 1, 2000

Specialty Retailers, Inc.
10201 S. Main Street
Houston Tx 77025

Dear Ms. Owen,

Enclosed please find copies of your remittance advice report.
The following items on your report are being disputed.

1. Shipping discrepancy	
Shipping Violation P.O. #7457308	\$ 2,090.09
2. Advertising Allowance	\$ 6,500.00
Ref # 00016256ADV-05A	
3. Advertising Allowance	\$ 6,500.00
Ref # 00016455ADV-05A	
	<hr/>
	15,090.09

We never received any debit memo for these deductions. Would you kindly forward the necessary paperwork.

We have been trying to resolve the problem for the last two months. Would you kindly investigate the charges and remit payment.

Sincerely,



Patricia Mclean

TO: KENRICH INTERNATIONAL
1350 BROADWAY RM201
NEW YORK NY 100182
10018

VENDOR NO: 8639

FROM: SSI ADVERTISING BUSINESS OFFICE
10201 MAIN STREET
HOUSTON, TX 77025-5212

DATE: JUNE 16, 1999

SUBJECT: ADVERTISING ALLOWANCE - VCB NO: 00016455

DEPT	STORE-NO.	SKU NO.	COST
691	999	00000000	6,500.00

COMMENTS: GIFT MOTIF CATALOG

PREPARED BY: FLV

XX VENDOR COPY XX

TO: KENRICH INTERNATIONAL
1350 BROADWAY RM201
NEW YORK NY 100182
10018
VENDOR NO: 8639

FROM: SSI ADVERTISING BUSINESS OFFICE
10201 MAIN STREET
HOUSTON, TX 77025-5212

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691	999	00000000	6,500.00

COMMENTS: GIFT MOTIF CATALOG

PREPARED BY: FLV

** VENDOR COPY **

*This advertising allowance
was not authorized
or agreed upon.*

VENDOR: 8639 REMITTANCE ADVICE REPORT
NAME: KENRICH INTERNATIONAL FROM: SRI (BEALLS/PALAIS/FASHION BAR/STAGE) CHECK # 261072 DATE: 03/21/2000
ADDRESS: 1350 BROADWAY RM201
NEW YORK NY 100182 10018

INVOICE NO.	DEPT. NO.	P.O. NUMBER	MDSE AMOUNTS	FRT/OTHER AMOUNTS	DISCOUNT AMOUNT	INVOICE NET AMOUNT	DISC PRCT	INVOICE DATE
00007877	691	7457308	69,669.90	.00	.00	69,669.90		09/28/1998
00012808	447	10011590	17,382.00	.00	.00	17,382.00		02/21/2000
00012849	447	10011040	1,857.00	.00	.00	1,857.00		03/08/2000
00012883	447	10011040	1,168.50	.00	.00	1,168.50		03/16/2000
00012918	447	10011590	8,736.00	.00	.00	8,736.00		03/16/2000
INVOICE TOTALS			98,813.40	.00	.00	98,813.40		

LESS:			C			-----COMMENTS-----		
SHIPPING DISCREPANCY			- P.O. #7457308			120.00- SEE QUANTITY DIFFERENCES BELOW		
SHIPPING VIOLATION			- PRO #141057			2,090.09- PACKING SLIP/BOL ERRORS		
SHIPPING VIOLATION			- P.O. #10011040			18.57- VNDR TKT INCLUDES UPC BUT NO \$		
REF #43185400SHPV13E11040CM			- PRO #14868					
SHIPPING VIOLATION			- P.O. #10011040			11.68- VNDR TKT INCLUDES UPC BUT NO \$		
REF #43230280SHPV13E11040CM			- PRO #878676					
SHIPPING VIOLATION			- P.O. #10011590			13.10- MERCHANDISE IS NOT PRETICKETED		
REF #43235300SHPV14B11590CM			- PRO #11590					
OTHER - MISC.			- P.O. #7457308			69,669.90- PAY OPEN INV		
REF #00007877INV-20A								
OTHER - MISC.			- P.O. #88888888			4,725.00 / TO REPLACE CK#10659		
REF #00010674DEP+20A								
OTHER - MISC.			- P.O. #88888888			4,725.00- / REVERSED VND/STOPPAY		
REF #00010674DEP-20B88888CM								
OTHER - MISC.			- P.O. #88888888			4,725.00 / ADV CO OP CHK		
REF #00011659DEP+20A								
OTHER - MISC.			- P.O. #88888888			4,725.00- / REVERSED NSF CHECK		
REF #00011659DEP-20A CM								
ADVERTISING ALLOWANCE			- P.O. #88888888			6,500.00- FALL PREVIEW CATALOG ✓		
REF #00016256ADV-05A								
LOAD REVERSAL			- P.O. #88888888			2,600.00 / LOAD THNKGIVEN TAP		
REF #00016347ADV+21A								
ADVERTISING ALLOWANCE			- P.O. #88888888			2,600.00- AFTER THANKSGIVE TAP ✓		
REF #00016347ADV-05A								
LOAD REVERSAL			- P.O. #88888888			2,600.00- / LOAD REV PER RITA		
REF #00016347ADV-21A								

LESS:

LOAD REVERSAL REF #00016439ADV+21A	-	P.O. #888888888	2,125.00 /	LOAD THKGIVEN TAP
ADVERTISING ALLOWANCE REF #00016439ADV-05A	-	P.O. #888888888	2,125.00-	AFTER THANKSGIVE TAP /
LOAD REVERSAL REF #00016439ADV-21A	-	P.O. #888888888	2,125.00-	LOAD REV PER RITA
ADVERTISING ALLOWANCE REF #00016455ADV-05A	-	P.O. #888888888	6,500.00-	GIFT MOTIF CATALOG ✓
DISTRIBUTION DAMAGE ALLOWANCE			1,973.87-	
			580.47-	
			92,202.68-	

TOTAL DEDUCTIONS

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AMOUNT OF CHECK # 261072 04/03/2000 6,610.72

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QUANTITY DIFFERENCES:

<----- INVOICE DATA ----->		RECEIVED DATA		>-----	
INVOICE NO.	BILLED UNITS	EXTENDED COST	RECEIVED UNITS	UNIT COST	EXTENDED COST
00012808	2160	8,100.00	2128	3.75	7,980.00
					120.00-